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Tko liječi seksualne probleme u hrvatskom zdravstvenom sustavu?

Who Treats Sexual Problems in Croatian Health System?

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U Hrvatskoj ne postoji specijalizacija iz seksualne medicine i mali je broj liječnika (nekolicina androloga i psihijatara) koji su educirani u području seksualnog zdravlja. *Cilj* ovog istraživanja je utvrditi tko su specijalisti u hrvatskom zdravstvenom sustavu koji prepoznaju, dijagnosticiraju (i liječe) seksualne probleme i poremećaje. *Metode:* Korišteni su podatci Hrvatskog zavoda za zdravstveno osiguranje. Pretražen je sustav kako bi se utvrdilo koji su seksualni problem dijagnosticirani u jednoj kalendarskoj godini (2013.) u Hrvatskoj i tko su liječnici (koji specijalisti) koji su ih dijagnosticirali. *Rezultati:* Godine 2013. u Hrvatskoj su specijalisti u sekundarnoj zdravstvenoj zaštiti dijagosticirali seksualne poremećaje kod ukupno 288 osobe (239 muškaraca i 49 žena). Najveći broj slučajeva dijagnosticirali su psihijatri, a za njima slijede urolozi. Ginekolozi su dijagnosticirali samo mali broj seksualnih problema. Najčešće dijagnosticirani poremećaji kod muškaraca bili su erektilni poremećaj i poremećaj sa smanjenom seksualnom željom. Liječnici nisu dijagnosticirali ni jedan slučaj dispareunije. *Zaključci*: Specijalisti u Hrvatskoj dijagnosticiraju mnogo više seksualnih problema kod muškaraca, nego kod žena. Potrebno je obratiti više pažnje edukaciji studenata medicine i liječnika kako da prepoznaju i dijagnosticiraju seksualne probleme.

/ In Croatia there is no residency programme in sexual medicine, and there is only a small number of medical doctors (a few andrologists and psychiatrists) who are educated in the area of sexual health. The aim of this study was to identify the specialists in the Croatian health system who recognize and diagnose (and possibly treat) sexual problems and disorders. Data from the Croatian health insurance system was used: the system was retrieved to find out what sexual problems were diagnosed in a single year (2013) in Croatia and by whom (which specialists). Altogether 288 persons (239 men and 49 women) were diagnosed with sexual disorders in 2013 by secondary level specialists in Croatia. Psychiatrists diagnosed the majority of cases, followed by urologists. Gynaecologists diagnosed only a small proportion of sexual problems (or problems related to sexuality). The most commonly diagnosed disorders in men were the erectile disorder and the hypoactive sexual desire disorder. No cases of dyspareunia were recognized by medical doctors. Specialists in Croatia diagnosed more sexual problems in men in comparison to women. More care should be placed on educating medical students and medical doctors on the recognition and diagnosis of sexual problems.

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UVOD

Mnogo muškaraca i žena ima seksualne probleme/disfunkcije. Istraživanja pokazuju da do jedne četvrtine muškaraca i jedne trećine žena barem jednom u svom životu imaju neki seksualni problem (1-3). Slična je učestalost seksualnih problema utvrđena u nekoliko istraživanja u Hrvatskoj (4-6).

Seksologija uključuje znanstvene discipline, medicinske i nemedicinske specijalnosti, skup terapijskih postupaka, edukacije i intervencija, koje mogu biti medicinske, psihoterapijske i edukacijske (7). Kao posebno područje znanja i prakse pojavila se u drugoj polovici 19. stoljeća (6). U drugoj polovici dvadesetog stoljeća počela se razvijati u nekoliko područja: seksualna medicina, klinička seksologija (seksualna terapija), seksualno zdravlje, seksualna edukacija i seksualna prava (9).

U različitim zemljama seksolozi su različitih primarnih zanimanja: liječnici, psiholozi, medicinske sestre, primalje, socijalni radnici, fizioterapeuti, bračni terapeuti, obiteljski terapeuti, psihoterapeuti. U nekoliko istraživanja pokušalo se utvrditi tko su seksolozi (ili seksualni terapeuti) u različitim europskim zemljama, kao i utvrditi razlike među njima (10-14).

U posljednjih dvadesetak godina postoje pokušaji usklađivanja edukacije i školovanja seksologa širom svijeta (15). Skandinavske su zemlje prve organizirale zajednički program edukacije s međusobnim priznavanjem diploma (16). Godine 2013. održan je prvi ispit iz seksualne medicine (*Fellow of the European Committee for Sexual Medicine* - FECSM), pod pokroviteljstvom Europskog društva za seksualnu medicinu (15,17).

Hrvatska je država na jugoistoku Europe koja se odcijepila od Jugoslavije 1991. g. Većina stanovništva su katolici. Stavovi prema seksualnosti su konzervativni, što pokazuje i referendum o braku održan 2014. g. (većina je glasala da brak bude isključivo zajednica muš-

INTRODUCTION

Many men and women suffer from sexual problems/dysfunctions; studies show that up to one fourth of men and one third of women will have at least one sexual problem during their lifetime (1-3). Similar prevalence of sexual problems has been reported in several studies in Croatia (4-6).

Sexology includes scientific disciplines, medical and non-medical specialties, and a set of therapeutic practices, training, and interventions that may be medical, psychotherapeutic, or educational (7). As a specific field of knowledge and practice, it has appeared in the second half of the 19th century (8). In the second half of the twentieth century it started to develop in several areas: sexual medicine, clinical sexology (sex therapy), sex health, sex education, and sexual rights (9).

In different countries sexologists are of different educational backgrounds: physicians, psychologists, nurses, midwives, social workers, physiotherapists, couple therapists, family counsellors, psychotherapists. Several researchers tried to identify the sexologists (or sexual therapists) in different European countries and to grasp the differences among them (10-14).

In the last twenty years, there has been a tendency to harmonize the education and training of sexologists around the world (15). Nordic countries were the first to establish a joint educational programme with mutual recognition of certificates (16). In 2013 the first exam for the Fellow of the European Committee for Sexual Medicine (FECSM) title was held under the auspices of the European Society for Sexual Medicine (15,17).

Croatia is a south-eastern European country that separated from Yugoslavia in 1991. The majority of the population is Roman Catholic. Attitudes toward sexuality are conservative, shown by the 2014 referendum on the mar-

karca i žene). Seksualna medicina nije uključena u plan i program medicinskih fakulteta. Tek odnedavno postoje izborni kolegiji iz ljudske seksualnosti na medicinskim fakultetima i na studiju psihologije (18).

Godine 2007. prvi su entuzijasti osnovali Hrvatsko društvo za seksualnu terapiju (ponajprije psiholozi, nekoliko psihijatara i jedan sociolog) (18,19). Ovo je društvo organiziralo edukaciju iz seksualne terapije i savjetovanja. Urolozi su organizirali subspecijalnost andrologije i trenutačno je u Hrvatskoj desetak androloga (12). Jedan psihijatar ima titulu EFCSM. Prva ambulanta za seksualnu terapiju osnovana je 2014. g. (20).

Cilj ovog istraživanja bio je utvrditi tko su bili specijalisti u Hrvatskoj koji su liječili ljude sa seksualnim problemima prije 2014. g. i koji su bili najčešći seksualni problemi. Ovo je prvo takvo istraživanje u bivšim komunističkim/socijalističkim zemljama.

METODE

U Hrvatskoj, svi specijalisti koji rade u javnoj službi moraju dijagnosticirati svoje bolesnike u skladu s Međunarodnom klasifikacijom bolesti, 10. izdanje (MKB-10), te ih šifrirati prema odgovarajućim dijagnozama.

Hrvatski zavod za zdravstveno osiguranje (HZZO) prikuplja sve podatke iz svih javnih zdravstvenih ustanova u Hrvatskoj. Svaka osigurana osoba u zemlji ima jedinstvenu šifru, koja je specifična. Također, svaki specijalist ima svoju šifru (broj). Stoga je moguće povezati svakog od pacijenata s odgovarajućim specijalistom i MKB šifrom.

Uz pomoć osoblja iz HZZO-a pretražena je baza podataka u odnosu na sljedeće MKB-10 šifre: F52 seksualne disfunkcije, koje nisu prouzrokovane organskom bolešću ili poremećajem; F64 poremećaji rodnog identiteta; F65 poremećaji seksualne sklonosti i F66 psihološki i biriage (the majority voted for the marriage to be the exclusive union of a man and a woman). Sexual medicine is not represented in medical school curricula. Only recently, elective courses in human sexuality appeared in medical schools and psychology master's degree education (18).

In 2007 the first enthusiasts formed the Croatian Association for Sexual Therapy (mainly psychologists, with a few psychiatrists and a sociologist) (18,19). The Association started education in sexual therapy and counselling. Urologists organized a subspecialty in andrology and currently there are a dozen andrologists in the country (12). One psychiatrist holds the FECSM title. The first outpatient unit for sexual therapy was established in 2014 (20).

The aim of this study was to identify the specialists in Croatia who were treating people with sexual problems prior to 2014 and what the most prevalent sexual problems were. To our knowledge, this is the first such study in Eastern Europe.

METHOD

In Croatia, all the specialists working in the public domain have to diagnose their patients in accordance with the International classification of diseases, 10th revision (ICD-10), and to code the diagnoses accordingly.

The national health insurance company (Croatian Health Insurance Fund – CHIF, HZZO in Croatian) collects all the data from all the public institutions in the country. Each insured person (patient) in the country has a specific code (number), which is specific and unique. Also, each specialist has a specific code (number). Therefore, it is possible to match each patient with a specific specialist and ICD code.

With the help of the ICT staff from CHIF, this database was retrieved for the following ICD-10 codes: F52 sexual dysfunction, not caused

hevioralni poremećaji povezani sa seksualnim razvojem i orijentacijom, za 2013. g.

Godine 2014. otvorena je prva ambulanta za liječenje seksualnih problema i budući da u Hrvatskoj ne postoji specifična šifra za seksualnu medicinu, ona je šifrirana pod šifrom psihijatrije. Zbog toga, svi podatci od 2014. g. nadalje bili bi takvi da bi pokazivali veći broj psihijatara i manje drugih specijalista u dijagnosticiranju i liječenju seksualnih problema (jer su pacijenti znali za postojanje ove ambulante i javljali se u nju). Kako je osoblje HZZO-a utvrdilo da nema velikih razlika između ranijih godina u ukupnom broju dijagnosticiranih pacijenata, odabrana je posljednja odgovarajuća godina (2013.).

REZULTATI

Sveukupno, u 2013. g. svi specijalisti zaposleni u javnim zdravstvenim ustanovama dijagnosticirali su bilo koji od seksualnih poremećaja (kategorije F52, F64, F65 i F66 prema MKB-10) kod 288 osoba, 239 muškaraca i 49 žena. Kategorija seksualnih disfunkcija dijagnosticirana je kod 244 osobe (66,3 %), za kojom slijede poremećaji spolnog identiteta (66 - 19,5 %), psihološki i bihevioralni poremećaji povezani sa seksualnim razvojem i orijentacijom (33 - 9,8 %) te poremećaji seksualne sklonosti (15 - 4,4 %).

Postoje značajne razlike u spolnoj raspodjeli ovih četiriju skupina poremećaja (χ^2= 126; p<0,001) (tablica 1) pri čemu su seksualne disfunkcije (F52) bile najčešće dijagosticirana kategorija kod muškaraca, a poremećaji rodnog identiteta (F64) kod (bioloških) žena.

TABLE 1. The gender distribution of sex-related disorders

	men	women
F52	215 (79.9%)	9 (13.0%)
F64	24 (8.9%)	42 (60.9%)
F65	12 (4.5%)	3 (4.3%)
F66	18 (6.7%)	15 (21.7%)

by organic disorder or disease; F64 gender identity disorders; F65 disorders of sexual preference; and F66 psychological and behavioural disorders associated with sexual development and orientation in 2013.

In 2014 the first outpatient clinic for sexual problems was established, and since there is no specific code for sexual medicine in Croatia, it was coded under the "psychiatry" code. Therefore, all the data after 2014 would be skewed and biased toward showing more psychiatrists and less other specialists diagnosing and treating sexual problems (as patients were aware of the existence of this clinic and sought help there). Since the ICT staff from CHIF found that there were no big differences from one year to another in the total number of diagnosed patients, the most recent appropriate year was chosen (2013).

RESULTS

Altogether, in 2013 all the specialists working in the public domain diagnosed any of the sex related disorders (categories F52, F64, F65, and F66 in ICD-10) in 288 persons, 239 men and 49 women. Specifically, sexual dysfunction category was diagnosed in 224 people (66.3%), followed by gender identity disorders (66, 19.5%), psychological and behavioural disorders associated with sexual development and orientation (33, 9.8%) and disorders of sexual preference (15, 4.4%).

There is a significant difference in gender distribution of these four groups of disorders (χ^2= 126; p<0.001) (Table 1), with sexual dysfunction (F52) category being the most diagnosed group of disorders in men, and gender identity disorders (F64) in born women.

The distribution of specific sexual dysfunctions in men is shown in Figure 1 (women were excluded from the Figure, since there were only nine women diagnosed with a diagnosis of any

Raspodjela specifičnih seksualnih disfunkcija kod muškaraca prikazana je na slici 1 (žene su isključene iz ove slike, jer je samo devet žena dobilo dijagnozu neke od seksualnih disfunkcija). Najčešće je postavljena dijagnoza F52 bez navođenja točne disfunkcije (ovo nije prikazano na slici 1). Od specifičnih disfunkcija, najčešće dijagnosticirana bila je erektilna disfunkcija (48,6 %), koju slijedi poremećaj sa smanjenjem seksualne želje (31,9 %). Ni jedan od pacijenata nije dobio dijagnozu pretjeranog seksualnog nagona i dispareunije.

Od parafilija, kod žena je dijagnosticiran jedan slučaj fetišizma, dok je kod muškaraca dijagnosticirano tri slučaja ekshibicionizma, jedan slučaj pedofilije i jedan slučaj višestrukog poremećaja seksualnih sklonosti. I u ovoj kategoriji, 9 od 15 slučajeva parafilija dijagnosticirano je općom šifrom F65, bez navođenja o kojoj se parafiliji radi.

Slike 2 i 3 prikazuju koji su specijalisti dijagnosticirali seksualne probleme kod muškaraca i žena.

Od seksualnih disfunkcija, od ukupno 291 slučajeva, 100 su dijagnosticirali psihijatri, 67

sexual dysfunction). The most prevalent diagnosis was F52 without specifying the exact dysfunction (this was not shown in the Figure). Of the specific dysfunctions, the most prevalent was erectile dysfunction (48.6%), followed by hypoactive sexual desire disorder (31.9%). None of the patients were diagnosed with excessive sexual drive or dyspareunia.

Of paraphilias, one case of fetishism was diagnosed in women, while three cases of exhibitionism, one case of paedophilia and one case of multiple disorders of sexual preference were diagnosed in men. Again, nine out of 15 cases of paraphilias were diagnosed with a non-specific code F65, without specifying which of the paraphilia it was.

Figures 2 and 3 show which specialists diagnosed sexual problems in men and women.

Among the sexual dysfunctions, of 219 cases 100 were diagnosed by psychiatrists, 67 by urologists, 17 by internal medicine specialists, 3 by gynaecologists. Of all the cases of erectile dysfunction (35), 50% were diagnosed by psychiatrists, and 30% by urologists. Among the cases of hypoactive sexual desire disorder (24)

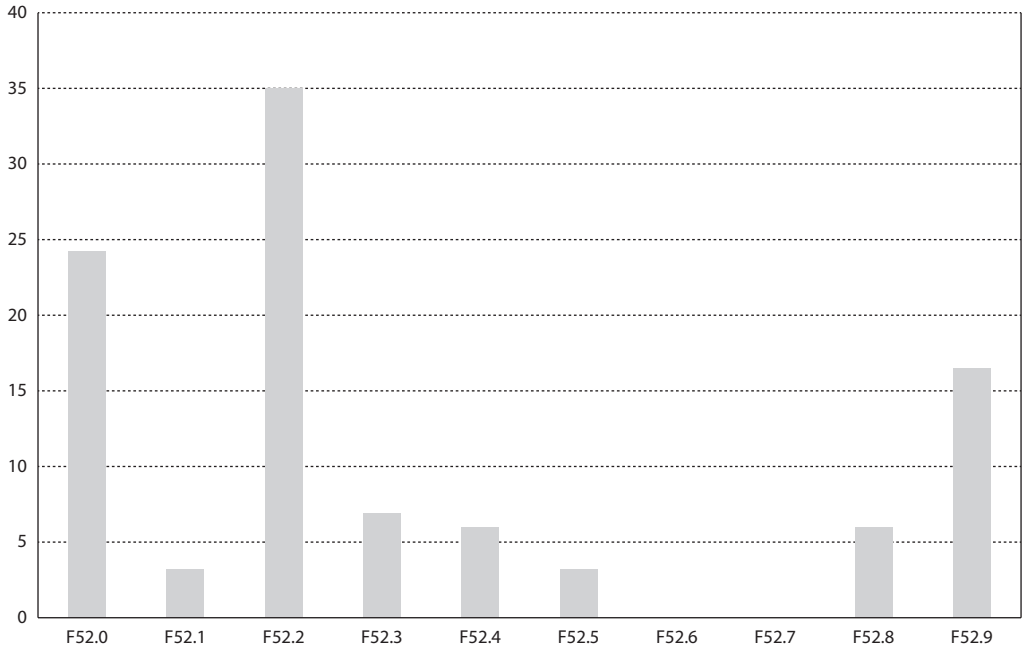

FIGURE 1. Distribution of different sexual dysfunctions in men

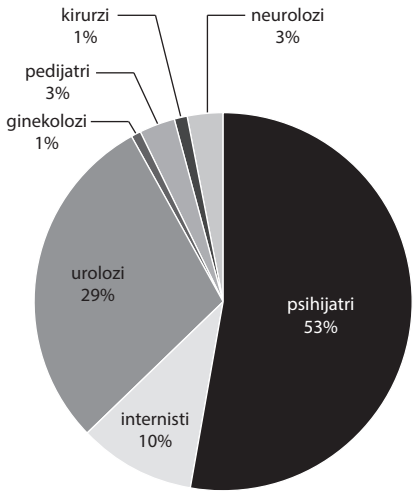

FIGURE 2. Specialists who diagnosed sexual problems in men

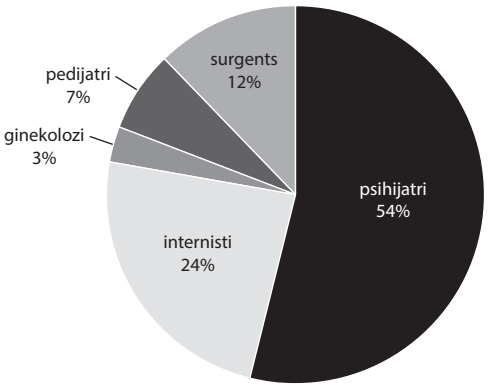

FIGURE 3. Specialists who diagnosed sexual problems in women

urolozi, 17 specijalisti interne medicine, 3 ginekolozi. Od svih slučajeva erektilne disfunkcije (35), 50 % su dijagnosticirali psihijatri, a 30 % urolozi. Od slučajeva poremećaja sa smanjenom seksualnom željom (24) 40 % su dijagnosticirali psihijatri, a 30 % urolozi.

Od slučajeva rodne disforije, 61 % su dijagnosticirali psihijatri, 38 % specijalisti interne medicine, 3 % ginekolozi. Sve slučajeve parafilija dijagnosticirali su psihijatri.

Psihijatri su dijagnosticirali većinu slučajeva svih dijagnostičkih kategorija, osim sljedeće četiri: urolozi su dijagnosticirali više slučajeva smetnji orgazma (F52.3), prijevremene ejakulacije (F52.4) i neodređene seksualne smetnje (F52.9); dok su internisti dijagnosticirali najveći broj slučajeva transseksualnosti (F64.0).

RASPRAVA

Premda su ranija istraživanja pokazala da je prevalencija seksualnih disfunkcija kod muškaraca i žena u Hrvatskoj slična onoj u drugim zemljama širom svijeta te pokazuje visoke vrijednosti (otprilike 30 % žena i 20 % muškaraca) (4-6), samo malom broju ovih ljudi se prepozna/dijagnosticira neka od seksualnih disfunkcija/poremećaja vezanih uz seksualnost. Naši

40% were diagnosed by psychiatrists, and 30% by urologists.

Of the gender dysphoria cases, 61% were diagnosed by psychiatrists, 38% by internal medicine specialists, 3% by gynaecologists. All the cases of paraphilias were diagnosed by psychiatrists.

Psychiatrists diagnosed the majority of cases of all the diagnoses except four: urologists diagnosed more cases of orgasmic dysfunctions (F52.3), premature ejaculation (F52.4), and unspecified sexual dysfunction (F52.9), while internal medicine specialists diagnosed the largest number of cases of transsexualism (F64.0).

DISCUSSION

Although earlier research showed that the prevalence of sexual dysfunctions in men and women in Croatia is the same as in other countries around the world, and is quite high (roughly 30% of women and 20% of men) (4-6), only a small percentage of these people is diagnosed with a sexual dysfunction/sex related disorder. Our data cannot clarify whether people with sexual problems in Croatia do not consult their doctors, whether doctors do not diagnose these disorders, or whether patients

podatci ne mogu odgovoriti na pitanje ne savjetuju li se ljudi sa seksualnim problemima u Hrvatskoj s liječnicima, ne dijagnosticiraju li liječnici ove poremećaje ili se pacijenti javljaju isključivo privatnicima. Prema našem mišljenju najvjerojatnije se radi o tome da ljudi ne traže pomoć stručnjaka. Tijekom pripremanja ovog istraživanja autor je kontaktirao privatnike koji se javno reklamiraju kao seksualni terapeuti, no svi oni zajedno imali su tijekom 2013. g. svega desetak pacijenata, te budući da je ovaj broj ovako nizak, a privatnici ne daju MKB-10 šifre redovito, odlučeno je da se ovi pacijenti isključe iz statističke analize. Dakle, čini se da ljudi u Hrvatskoj koji imaju seksualne probleme pokušavaju ih sami riješiti i ne prepoznaju liječnike kao one stručnjake koji bi im mogli pomoći. Malo je vjerojatno da specijalisti kojima bi se ljudi javili zbog seksualnog problema ne bi dijagnosticirali taj problem. Ovo nije tako samo u Hrvatskoj, jer velik broj istraživanja pokazuje da samo mali broj ljudi sa seksualnim problemima traži pomoć liječnika (npr. samo 2 % ljudi u Koreji do oko 10 % muškaraca i 20 % žena u zapadnoj i sjevernoj Europi) (21,22).

Drugi iznenađujući rezultat bio je da većina ljudi kojima se dijagnosticira neki seksualni problem su muškarci. No, ovakav je rezultat u skladu s drugim istraživanjima koji pokazuju da muškarci češće traže pomoć za svoje seksualne probleme nego žene pri čemu se udio muškaraca među pacijentima klinika za seksualno zdravlje kreće oko 75 % (13,23,24). Moguće je da seksualni problem imaju veći negativni učinak na život muškaraca, nego žena, vjerojatno zbog toga što seksualna aktivnost i funkcioniranje imaju veće značenje za mušku spolnu ulogu, nego što ima za žensku. Također, u tradicionalnom društvu, kao što je hrvatsko, veća je sramota i više je socijalno nepoželjno za ženu da traži pomoć. S druge strane, mali broj liječnika koji su dijagnosticirali seksualne probleme može biti posljedica činjenice da ni jedan od medicinskih fakulteta u Hrvatskoj ne podučava studente u

go to private practitioners exclusively. In our opinion, the most likely scenario is that they do not consult a professional. During the preparation of this research, the author had contacted private practitioners who publicly advertised themselves as sexual therapists, but all of them had only a dozen patients in 2013, and since this number is so small and the private practitioners do not regularly give ICD-10 codes, we decided to exclude these patients from our statistical analysis. So, it seems that people in Croatia who have sexual problems rely on their own strengths and do not recognize physicians as a group of professionals who could help them. It is unlikely that specialists who would be consulted for a sexual problem would not diagnose that problem. This is not a Croatian specificity, since a lot of research shows that only the minority of people with sexual problems contact a medical professional (e.g. only 2% of people in Korea to up to around 10% of men and 20% of women in western and northern Europe) (21,22).

The other striking result is that the majority of the people diagnosed with sexual problems were men. But, this finding is in accordance with other research showing that men seek help for their sexual problems more often than women, with a ratio of men among the patients in sex health clinics being around 75% (13,23,24). It is possible that sexual problems have a greater negative impact on men's lives than on women's, probably due to the greater importance that sexual activity and fitness have for the masculine sex role than for the feminine role. Also, in a traditional society, such as Croatian, it is more embarrassing and socially inappropriate for a woman to ask for help. On the other hand, the small number of physicians diagnosing sexual problems could be due to the fact that none of the medical schools in Croatia have sexual problems in their curriculum, and sexual problems are not taught during residency programmes.

području seksualnog zdravlja, a seksualni poremećaji se ne obrađuju ni tijekom specijalizacije.

Jedina kategorija stanja vezanih uz seksualnost (u širem smislu) koja je češće dijagnosticirana kod žena, bila je rodna disforija (poremećaj spolnog identiteta u MKB), te je u Hrvatskoj dijagnosticirano više bioloških žena (transmuškaraca). Neka ranija istraživanja također su našla da je u hrvatskom zdravstvenom sustavu prevalencija transmuškaraca viša od prevalencije transžena (25). Premda je položaj rodne disforije u dijagnostičkim sustavima pitanje o kojem se posljednjih godina mnogo raspravlja, brojni autori ju i dalje smatraju poremećajem, te ona i nadalje ima svoju MKB šifru.

Nažalost, većina liječnika koji su dijagnosticirali neki od poremećaja vezanih uz seksualnost, koristili su široku, nespecifičnu, nadređenu šifru, bez četvrtog znaka. Ovo je vjerojatno posljedica nedostatka vremena (svaki liječnik na kraju pregleda mora postaviti neku dijagnozu, ali da bi bio brži, može samo napisati neku opću šifru, bez traženja specifične dijagnostičke šifre). Među navedenim disfunkcijama kod muškaraca najčešće je bila dijagnosticirana erektilna disfunkcija (ED), a zatim nedostatak ili gubitak seksualne želje. To što je ED bila najčešća seksualna disfunkcija u kliničkim uvjetima nije iznenađujuće, no odsutnost prijevremene ejakulacije jest. Istraživanja iz drugih zemalja pokazuju da su najčešći razlozi javljanja stručnjaku za seksualnu medicinu kod muškaraca erektilna disfunkcija i prijevremena ejakulacija (PE) (prijevremena ejakulacija dijagnosticira se kod 65 % pacijenata klinika za seksualne smetnje u nekim istraživanjima) (11,13,14,24,26,27). Moguće je da je među onima s općom šifrom F52 bilo mnogo više ljudi s PE nego s ED, no u to ne možemo biti sigurni. Također je moguće da mnogi liječnici znaju za dijagnostičku šifru za ED (F52.2), ali ne i za šifru za PE (F52.4), što može biti posebno točno za urologe, jer su seksualni problemi klasificirani među duševnim poremećajima, a ne među urološkim poremećajima.

The only category of sex-related conditions (in a broader sense) that was more frequently diagnosed in women was the gender dysphoria (gender identity disorder in ICD) category, with more biological women (trans men) diagnosed in our country. Some earlier research also found that in the Croatian health system the prevalence of trans men is greater than the prevalence of trans women (25). Although the position of gender dysphoria in diagnostic systems has been under a lot of debate, and many authors do not consider it a disorder, it still has its ICD code.

Unfortunately, the majority of physicians who diagnosed any of the sex-related disorders/conditions used a broad, non-specific code without the fourth digit. This is probably due to time constraints (every physician has to give a diagnosis at the end of a session with a patient, but to be quicker, they might just write the general code, not looking for the specific diagnostic code). Among the specified dysfunctions in men, erectile dysfunction (ED) was most often diagnosed, followed by hypoactive sexual desire. ED being the most prevalent dysfunction in clinical setting is not a surprise, but the lack of premature ejaculation is. Research from other countries showed that the most prevalent presenting problems in men contacting a sexual specialist were erectile disorder and premature ejaculation (PE) (premature ejaculation was diagnosed in up to 65% of attendants of sex clinics in some research) (11,13,14,17,24,26,27). It is possible that among those with the general code of F52, there were more people with PE than with ED, but we cannot be sure. It is also possible that many of the doctors are familiar with the diagnostic code for ED (F52.2), but not for PE (F52.4); this can be especially true for urologists, since sexual problems are classified among mental disorders, and not urological disorders.

It is worth noting that the diagnoses of hypersexuality and pain disorders, but also of sexual

Važno je napomenuti da dijagnoze hiperseksualnosti i bolnih poremećaja, te seksualne averzije i vaginizma nisu zabilježene.

Psihijatri su dijagnosticirali većinu seksualnih problema kod muškaraca i žena. Budući da su sve ove dijagnoze u MKB-10 navedene pod poglavljem F – duševni poremećaji, to nije iznenađujuće. No, odsutnost ginekologa koji bi dijagnosticirali seksualne probleme kod žena veliko je iznenađenje. Očekivali bismo da ginekolozi imaju priliku razgovarati o seksualnosti sa svojim pacijenticama. Specijalisti interne medicine i kirurzi dijagnosticirali su velik udio ženskih seksualnih problema/stanja u ovom istraživanju, no smatramo da je tome tako samo zbog toga što je ukupno dijagnosticirano samo devet slučajeva seksualnih disfunkcija, većina slučajeva bili su poremećaji spolnog identiteta, a osobe koje ulaze u hormonsku ili kiruršku tranziciju moraju kontaktirati internista i kirurga. Mogući razlog za odsutnost ginekologa može biti činjenica da su u ovo istraživanje bili uključeni samo ginekolozi koji rade na sekundarnoj razini (tj. u bolnici). U Hrvatskoj, većina ginekologa su liječnici primarnog kontakta i žene ne trebaju uputnicu svoga liječnika obiteljske medicine da bi došle do ginekologa (za razliku od svih drugih specijalista) pa zbog toga nismo mogli prikupiti podatke o ovim primarnim ginekolozima. Moguće je da su mnogi od primarnih ginekologa dijagnosticirali neki od seksualnih poremećaja.

ZAKLJUČCI

Hrvatski liječnici – specijalisti imaju slabu ili nikakvu edukaciju u seksualnoj medicine pa su im zbog toga manje poznati načini prepoznavanja i dijagnosticiranja seksualnih disfunkcija i srodnih stanja navedenih u MKB-10 i DSM-5. Među onima koji dijagnosticiraju ova stanja, oni ne navode specifične šifre/dijagnoze. Ginekolozi koji rade u sekundarnoj razini zdravstvene zaštite dijagnosticirali su mali broj

aversion and vaginismus, were almost non-existent.

Psychiatrists diagnosed the majority of sexual problems in both men and women. Since all of these diagnoses are in ICD 10 under the heading F – mental disorders, this is not a surprise. But, the lack of gynaecologists diagnosing sexual problems in women is a big surprise. We would expect gynaecologists to have the opportunity to talk about sexuality with their patients. Internal medicine specialists and surgeons diagnosing female sexual problems/conditions make a significant proportion of physicians in this research, but we think this is because in women only nine cases of sexual dysfunctions were diagnosed, and the majority of cases were gender identity disorders, and in patients who ask for a hormonal or surgical transition, internists and surgeons are involved. The possible reason for a lack of gynaecologists is the fact that in this research only gynaecologists working at a secondary level (i.e. in hospitals) were included. The majority of gynaecologists are primary level physicians in Croatia, and a woman does not need a referral letter from her general practitioner to contact a gynaecologist (which is contrary to all the other specialists) and therefore we were not able to collect data from these primary care gynaecologists. It is possible that many of the primary gynaecologists diagnosed some of the sexual problems.

CONCLUSION

Croatian physicians – specialists receive limited or no training and are therefore less proficient than their peers at recognising and diagnosing sexual dysfunctions and similar conditions listed in the ICD-10 or DSM-5. Among those who do diagnose these conditions, they are not specific in recording the appropriate diagnosis. Gynaecologists working at the secondary level diagnosed only a few sexual problems

seksualnih problema kod žena. U Hrvatskoj su potrebne promjene plana i programa medicinskih fakulteta i programa cjeloživotne liječničke edukacije kako bi se uključile teme seksualnih pitanja, tehnika kako razgovarati s pacijentima o seksualnosti, kako prepoznati, dijagnosticirati i liječiti seksualne poremećaje. Također, potrebno je obratiti više pažnje kako bi liječnici bili precizniji u dijagnosticiranju različitih poremećaja, umjesto da daju opće, nespecifične šifre široke dijagnostičke skupine.

in women. Croatia needs changes in medical school curricula and continuous medical education programmes to include topics that will rise awareness of physicians on sexual matters, techniques how to talk with patients about sexuality, and how to recognise, diagnose, and treat sexual disorders. Also, more attention should be paid to influencing physicians to be more specific in diagnosing different disorders, instead of just giving a code for a broad diagnostic group.

LITERATURA / *REFERENCES*

1. Nicolosi A, Laumann EO, Glasser DB, Moreira ED Jr, Paik A, Gingell C. Global study of sexual attitudes and behaviours investigators' group. Sexual behaviour and sexual dysfunctions after age 40: the global study of sexual attitudes and behaviours. Urology 2004; 64: 991-7. doi: 10.1016/j.urology.2004.06.055.
2. Nicolosi A, Laumann EO, Glasser DB, Brock G, King R, Gingell C. Sexual activity, sexual disorders and associated help-seeking behaviour among mature adults in five Anglophone countries from the Global survey of sexual attitudes and behaviors (GSSAB). J Sex Marital Ther 2006; 32: 331-42. doi: 10.1080/00926230600666369.
3. Hayes RD, Dennerstein L, Bennett CM, Fairley CK. What is the true prevalence of female sexual dysfunctions and does the way we assess these conditions have an impact? J Sex Med 2008; 8: 777-87. doi: 10.1111/j.1743-6109.2007.00678.
4. Štulhofer A, Bajić Ž. Prevalence of erectile and ejaculatory difficulties among men in Croatia. Croat Med J 2006; 47: 114-24. PMC2080357.
5. Štulhofer A, Gregurović M, Galić I, Pikić A. Prevalence of female sexual difficulties in a metropolitan setting. Medicina 2005; 42(41): 300-9.
6. Štulhofer A, Gregurović M, Pikić A, Galić I. Sexual problems of urban women in Croatia: prevalence and correlates in a community sample. Croat Med J 2005; 46(1): 45-51.
7. Haeberle E, Gindorf R. Sexology today: a brief introduction. Berlin: DGSS, 1993.
8. Giami A & Russo J. The diversity of sexologies in Latin America: emergence, development, and diversification. Int J Sex Health. 2013;25:1-12. doi:10.1080/19317611.2012.760507
9. Hall KSK & Graham CY. The cultural context of sexual pleasure and problems: psychotherapy with diverse clients. Routledge, New York and London, 2013.
10. Alarcao V, Beato A, Almeida J, Machado FL, Giami A. Sexology in Portugal: narratives by Portuguese sexologists. J Sex Res 2015; 18: 1-14. 409:10.1080/00224499.2015.1104286.
11. Almas CB, Almas E, Karlsen TI, Giami A. Sexology in Norway in 2001 and 2011: a comparative and cross-sectional study. Sexologies 2014: 213: e9-e17. doi:10.1016/j.sexol.2013.12.002.
12. Arbanas G, Jurin T, Mozetič V, Mimica Matanović S, Rožman J, Markić D *et al*. Prve hrvatske smjernice za dijagnostiku, liječenje i praćenje osoba s prijevremenom ejakulacijom. Lijec Vjesn 2016; 138: 321-7.
13. Giami A, de Colomby P. Sexology as a profession in France. Arch Sex Behav 2003; 32(4): 371-9. PMID: 12856898.
14. Wylie KR, De Colomby P, Giami AJ. Sexology as a profession in the United Kindgdom. Int J Clin Pract 2004; 58(8): 764-8. PMID:15372849.
15. Reisman Y, Eardley I & Porst H. New developments in education and training in sexual medicine. J Sex Med 2013;10:918-923. doi:10.1111/jsm.12140
16. Kontula O. An essential component in promoting sexual health in Europe is training in sexology. Int J Sex Health 2011; 23: 168-180. doi:10.1080/19317611.2011.592932.
17. Arbanas G, Reisman Y, Andrews S. The sociocultural aspects, professional characteristics, and motivational factors of the first fellows of the European committee of sexual medicine. J Sex Med 2015; 12: 1368-74. doi:10.1111/jsm.12900.
18. Arbanas G, Knez R, Barolin N, Štulhofer A. Hrvatsko društvo za seksualnu terapiju i uvjeti za stjecanje diplome seksualnog terapeuta. Medicina 2007; 43: 311-12.
19. Knez R, Štulhofer A. Seksualna terapija. In: Kozarić Kovačić D, Frančišković T. Psihoterapijski pravci. Zagreb: Medicinska naklada, 2014.
20. Cazin K, Rožman J. Otvorenje prve ambulante za liječenje seksualnih poremećaja u Hrvatskoj – Opća bolnica Karlovac. Sestrinski glasnik 2015; 20(1): 75-6.
21. Clegg M, Pye J, Wylie KR. Undergraduate training in human sexuality – evaluation of the impact on medical doctors' practice ten years after graduation. Sex Med 2016: e1-e11. doi:10.1016/J.esxm.2016.04.004.

22. Parish S, Dean J, Dabees K, Rubio-Aurioles E, Tiefer N. Ethical, socio-cultural and educational aspects of sexual medicine. In: Montorsi F, Basson R, Adaikan G, Becher E, Clayton A, Giuliano F *et al*. Sexual medicine sexual dysfunctions in men and women. Paris: 3rd International Consultation on Sexual Medicine, 2010.
23. Fugl-Meyer KS, Giami A. Swedish clinical sexologists. Who are they? Who do they treat? Sexologies 2006; 15: 14-21.
24. Sawleshwarkar S, Kakar SR, Jones R, Lagios K, Mindel A, Hillman RJ. Indian-born patients attending a sexual health clinic in Australia have differing characteristics to their Australian-born counterparts. Intern Med J 2013; 43(12): 1327-30. doi:10.1111/imj.12299 PMID: 15726676.
25. Jokić-Begić N, Čikeš AB, Jurin T, Lučev E, Markanović D, Ručević S. Transsexuality: living in a wrong body? (in Croatian) Lijec Vjesn 2008; 130(9-10): 237-247. PMID:19062760.
26. Metz ME, Seifert MH. Men's expectations of physicians in sexual health concerns. J Sex Marital Ther 1990; 16(2): 79-88. doi:10.1080/00926239008405254.
27. Nobre PJ, Pinto-Gouveia J, Gomes FA. Prevalence and comorbidity of sexual dysfunctions in a Portuguese clinical sample. J Sex Marital Ther 2006; 32: 173-82. doi:10.1080/00926230500-442334.